

Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Redesign of St Andrews Community Hospital Acute Outpatient Reception Desk

Question 2a: Lead Assessor’s details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	<p>To ensure the Acute Outpatient desk in St Andrews Community Hospital is designed in such a way to provide a welcoming environment for patients to promote a positive patient experience, whilst offering a fit purpose working area for staff.</p> <p>The outpatient desk was relocated from the main foyer area in St Andrews Community hospital in March 2024, with the above aims being paramount. Since the move, there have been a few issues identified:</p>
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	<ul style="list-style-type: none"> • The privacy partition at the main desk is too high, therefore obstructing the view to the old waiting area (staff still monitor this area to ensure patients aren't lost) • Patients often struggle to see reception staff behind the desk due to the height of the privacy partition. • The privacy partition only runs half the length of the reception desk, therefore not providing a safe environment for staff (risk of patients climbing desk) • As the partition only runs half the length, staff are not able to fully utilise the reception area for meaningful tasks when the reception area is quieter due to GDPR breach risks. <p>The proposal is to reduce the height of the privacy partition to 42cm, and to run it the length of the reception desk. This would improve staff visibility into the waiting area and old foyer and furthermore staff will be more visible to patients on their arrival into the department. The full-length privacy partition would enhance GDPR compliance, therefore allowing additional meaningful tasks to be completed on the reception area whilst also providing the reception staff with an additional security measure in that the desk is higher.</p> <p>In the rare event there is not a member of staff manning the reception desk during opening hours (0830-1630) a bell is available for patients/visitors to sound to alert staff of their arrival. This is positioned on the front of the privacy partition and clearly identified.</p>
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>Negative Impacts:</p> <ul style="list-style-type: none"> • There are no negative impacts identified, it is anticipated that this change will improve staff visibility for most patients attending the Acute Outpatient Department at St Andrews Community Hospital <p>Positive Impacts:</p> <ul style="list-style-type: none"> • Patients in the waiting area will be more visible to staff, should they be overseen for an appointment or take unwell the reception staff will easily see them. • Staff will be visible to patients on entering the outpatient department, thus

	reassuring patients of their presence.
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Negative Impacts:</p> <ul style="list-style-type: none"> • Increasing the height of the privacy partition patients may have to stretch to pass letters across to reception staff. • There is no lowered wheelchair height section, however this can be mitigated with staff leaning forward to accept any documentation the patient/visitor wishes to pass over. <p>Positive Impacts:</p> <ul style="list-style-type: none"> • Staff will be able to identify patients attending with mobility/visual issues and request support for them if necessary. • Due to the level of the privacy partition, staff will be able to comfortably reach across to obtain letters/documentation that patients may have. • Staff are clearly visible, even at seated height, to patients upon entering the department. Likewise patients are visible to staff from a seated height.
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	No anticipated impact on race and ethnicity due to the redesign of the reception desk privacy partition
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	No anticipated impact patient sex due to the redesign of the reception desk privacy partition
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	No anticipated impact on patient sexual orientation due to the redesign of the reception desk privacy partition

<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>No anticipated impact on religion and belief due to the redesign of the reception desk privacy partition</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No anticipated impact on this group due to the redesign of the reception desk privacy partition</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>No anticipated impact on this group due to the redesign of the reception desk privacy partition</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>No anticipated impact on this group due to the redesign of the reception desk privacy partition</p>

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

<p>UNCRC Right</p>	<p>Anticipated Impacts & Relevant Mitigations</p>
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Staff will have improved visibility of children, therefore improving their safety.</p>

<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Staff will have improved visibility of children, therefore improving their safety.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Children’s feedback will be incorporated in the ongoing review of these changes in line with feedback from the wider general public and workforce.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>Refugee or care experienced children will not be adversely impacted.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>See Q4 for relevant assessment</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>This change will not negatively impact these articles.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

As detailed in point 3 above and having considered alternatives (removing the privacy partition completely, adding a Perspex screen, reducing the height to 42cm but only running it halfway or the reducing to 42cm and running the full length of the desk), the most reasonable, practical, and efficient option was to reduce the height to 42cm. This would improve staff/patient visibility, improve staff safety, and also give staff a working area which complied with GDPR, meaning they would be able to complete meaningful tasks whilst behind the reception desk without the risk of confidential data being visible to the public.

All protected groups have been considered with the changes and the adjustment of reducing the privacy partition to 42cm in height and running the length of the desk will have minimal impact with suitable work arounds for all scenarios.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

At the time of the initial movement from the original reception area in the main foyer to the outpatient's area, staff were notified that Perspex screens would be removed imminently as these were no longer required. A few concerns were raised about staff safety should these be removed as the site has no security.

Discussions were had and feedback considered from staff and patients (passed on by staff) that the height of the original privacy panel was too high. It obstructed the patients view of the staff and the staff view of the waiting area.

Due to this, it was decided to reduce the height of the privacy panel down to approx. 42cm (approx. 16.5inches) from the desk. This gives staff a better visibility of the waiting area and patients entering/leaving the department. It also gives patients visibility of the staff working behind the desk.

The partition being the same height the full length of the desk increases out GDPR compliance – confidential paperwork can be worked on behind the partition and it won't be visible to patients.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact</p>	<p>Some impacts caused by this change have been identified through this consultation and EQIA however all mitigations have been outlined and subsequently implemented.</p>

Assessment. (CRWIA)	
2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

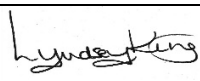
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
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Signature	
Date	20/09/2024

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Return to Equality and Human Rights Team at
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